
LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY

Thursday, February 5, 2004
1:00 P.M.-5:00 P.M.

St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90005

MEMBERS PRESENT

Mario Perez	Vanessa Talamantes
Chi-Wau Au*	Diane Brown
Richard Browne	Gordon Bunch
Antonio Bustamante	Cesar Cadabes
David Giugni	Edric Medina
Veronica Morales	Vicky Ortega
Ricki Rosales*	Gail Sanabria
Kathy Watt	Freddie Williams
Richard Zaldivar*	Rodolfo Zamudio

ABSENT

Sergio Avina
Jeff Bailey
Edward Clarke

* Denotes present at one (1) of the roll calls

STAFF PRESENT

Juli-Ann Carlos	Charlavonna James	Ronald Merrick
Pamela Ogata	Gabriel Rodriguez	Rene Seidel
Anna Soto	Perlee Trout	Cheryl Williams
Paulina Zamudio		

I. ROLL CALL - Roll call was conducted and a quorum is present.

II. REVIEW/APPROVAL OF MEETING AGENDA

The February 5, 2004 Meeting Agenda was approved without any corrections by consensus.

III. REVIEW/APPROVAL OF JANUARY 22, 2004 MEETING SUMMARY

The January 22, 2004 Meeting Summary was approved without any corrections by consensus.

IV. PUBLIC COMMENT

- **Ruel Nollado**, APLA, announced a protest against the Governor's budget cuts to AIDS Programs is scheduled for Wednesday, February 25, 2004 – between 2:00 PM and 3:00 PM at the Ronald Reagan Building (200 South Spring Street, Los Angeles).
- **Michelle Morales**, APAIT, encouraged the PPC to consider increasing funding for the Women API population.
- **Kimberly Scott**, MAP, encouraged the PPC to consider increasing funding for the Transgender population.
- **Shirley Bushnell**, Van Ness Recovery House, stressed the need for the PPC to consider increasing funding for the Transgender at Sexual Risk population.
- **Maria Roman**, Community Member, encouraged the PPC to consider increasing funding for the Transgender at Sexual Risk population.
- **Bambi Salcedo**, Community Advocate, encouraged the PPC to consider increasing funding for the Transgender population.

- **Elissa Bradley**, Tarzana Treatment Center/Prototypes, announced Prototypes is planning the 14th Annual “Healing Our Village” 2 day Skills Building Conference at the LAX Four Points Sheraton Hotel on May 6th and May 7th.

V. REVIEW OF THE COMMUNITY PLANNING PROCESS NEXT STEPS

Mario Perez provided some background on some of the documents and data the PPC has reviewed over the past few months to assist in the decisions needed to develop the 2004-2008 Prevention Plan.

Last month, the PPC finalized or endorsed the BRG (Behavioral Risk Group) Model with one change – Transgenders were added to the BRG and no longer identified as a Priority Population.

A special PPC meeting was held two weeks ago to:

- have a discussion around resource allocation in terms of specific behavioral risk groups and other areas of prevention funding.
- identify interventions that are recommended for specific behavioral groups.

The CDC requires all funded jurisdictions to develop a Resource Inventory and a GAPS Analysis. These two documents will guide how prevention services are delivered to Los Angeles County until the year 2008. The Resource Inventory is evolving and is in DRAFT form and the GAPS Analysis will be finalized once a better sense of outside (outside Los Angeles County) resource invested for prevention. The Needs Assessment component consists of two instruments (focus forums and outreach surveys) to better identify specific prevention needs among specific behavioral risk groups.

VI. RESOURCE ALLOCATIONS RECOMMENDATIONS/VOTE

Mario Perez explained the handout “Los Angeles County HIV Prevention Planning Committee – 2004 HIV Prevention Plan Priority Populations and Resource Allocations”. In 1999, the Prevention Planning Committee classified American Indians/Alaskan Natives, Transgenders and People Living with HIV as Priority Populations not Behavioral Risk Groups.

There will need to be a subsequent discussion/recommendation to determine what proportion of all resources need to be used for: the BRG Model, Priority Populations Resources, Set Asides Programs and for Training, Faith Based, Multiple Morbidity, School Based, Corrections, Social Marketing and PCRS.

Mario Perez asked if there is a process the PPC members what to recommend that we undertake? It was suggested to start with PHIP and figure what percentage to allocate to PHIP by BRGs, then possibly what percentage to allocate to Youth.

QUESTION: On the “Set Asides”, there are a number of areas (i.e. Training, Faith Based, Multiple Morbidity, School Based, Corrections, Social Marketing, PCRS) not being targeted this go-round.

ANSWER: It was recommended at the January 22, 2004 Special PPC Meeting to have a more informed discussion at which OAPP would share with the PPC the level of investment in each of those areas and make some final determination in terms of what level of investment needs to happen to be consistent with the prevention plan priorities and our application.

The updated “HIV, AIDS and High Risk Behaviors among Behavioral Risk Groups in Los Angeles County” was distributed. A copy of this document is on file. The updated document includes the Transgender Risk Group.

The Transgenders at Sexual Risk met on January 22, 2004 and February 5, 2004 and distributed a handout, “Prevention Planning Committee Presentation – Transgenders at Sexual Risk”. A copy of the handout is on file.

MOTION: Resource Allocations – Motion by David Guigni, Seconded by Richard Zaldivar

To approve the resource allocations recommendations as set out by the Prevention Planning Ad Hoc Sub-Committee:

- 60% MSM (Men Sex with Men)
- 10% MSM/W (Men Sex with Men/Women)
- 4% MSM/IDU (Men Sex with Men/Injection Drug User)
- 4% HM/IDU (Heterosexual Male/Injection Drug User)
- 2% F/IDU (Female/Injection Drug User)
- 12% WSR (Women at Sexual Risk)
- 8% TSR/TIDU (Transgender at Sexual Risk/Transgender Injection Drug User)

There was a lengthy discussion regarding this motion.

A hand vote was taken. 15 yes, 2 no and 1 abstention. **Motion PASSES.**

MOTION: PHIP Funding – Motion by Kathy Watt, Seconded by David Guigni

To allocate:

- 13% MSM (Men Sex With Men)
- 8% MSM/W (Men Who Have Sex With Men/Women)
- 16% MSM/IDU (Men Sex With Men/Injection Drug User)
- 5% HM/IDU (Heterosexual Men/Injection Drug User)
- 3% F/IDU (Female/Injection Drug User)
- 15% TSR/TIDU (Transgender at Sexual Risk/Transgender Injection Drug User)
- 1.5% WSR (Women at Sexual Risk)

of resource allocation for services that target the HIV+ persons within those Behavioral Risk Groups.

There was a lengthy discussion regarding this motion. Three (3) funding priorities were explained:

- About 4 years ago, we estimated \$1.00 of every \$14.00 (about 7 ½ % of real resources) should be used to serve people living with HIV,
- 2 years ago the California HIV Planning Group recommended 25% of available prevention resources be used to serve people living with HIV,
- the CDC is headed in the direction that a greater proportion of available federal resources to local jurisdiction should be invested in programs that serve people living with HIV (CDC estimates 1/3 of all new infections occur among people with HIV who know their status and 2/3 of new infections (across the country) are attributed to people who are HIV infected but not diagnosed.

QUESTION: Are we to estimated around 25% of each BRG or allocate?

ANSWER: The last PPC recommendation was to take each BRG and estimated within each BRG the proportion.

QUESTION: Did we set a baseline or would 2% be put aside?

ANSWER: No.

QUESTION: Do we feel it is important to establish a lowest percentage to apportion to each BRG? Is it necessary to have a minimum amount?

QUESTION: Which PHIP Programs are funded and among these BRGs, who has PHIP Programs?

ANSWER: LAGLC was funded to provide PHIP services. Through the Positives Images Consortium, all BRGs were targeted. Services include: Social Marketing, Group Level Intervention, Individual Level Interventions, HIV Counseling and Testing component.

APLA was funded to provide PHIP services. Services include: Prevention Case Management (PCM) for people living with HIV/AIDS, Group Level Intervention, Individual Level Intervention.

Tarzana Treatment Center was funded to provide PHIP services. Services include Group Level Intervention, Individual Level Intervention.

AIDS Healthcare Foundation was funded to provide PHIP services. Services include: HIV Counseling and Testing for negative/unknown status partners of people living with HIV/AIDS and the promotion of Partner Counseling and Referral Services.

L A Shanti was funded to provide PHIP services. Services include: Group Level Intervention targeting MSM and WSR.

Hand Vote was taken. **Motion PASSES by Consensus.**

VII. INTERVENTIONS RECOMMENDATIONS/VOTE

QUESTION: With this recommendation, are we just looking at the level of the intervention, we are not looking at the specific intervention within the level?

ANSWER: Right.

QUESTION: Are we coming back to the issue of prevention for positives?

ANSWER: Yes

Refer back to Resource Allocations Sheet. We now have the approved allocation in front of us. Start with PHIP Allocation and then move to Youth Allocation. (**see above – Motion on PHIP Funding**)

VIII. COMMUNITY CO-CHAIRS REPORT

Due to time – Report not given.

IX. GOVERNMENTAL CO-CHAIR REPORT

Due to time – Report not given.

SUB-COMMITTEE REPORTS – Due to time, reports not given.

- **Prevention Plan Ad Hoc**
- **CHHS Update**
- **Youth Leadership**
- **Joint Public Policy**
- **State Office of AIDS Update**

XI. PPC MEMBERSHIP & RECRUITMENT

Due to time – No discussion

XII. ANNOUNCEMENTS

Approved Motion: To have a second Special PPC Meeting in February, 2004

XIII. CLOSING ROLL CALL

XIV. ADJOURNMENT

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.